

BREAKING THE CYCLE: SEXUAL HEALTH AND WELL-BEING IN INTERSECTING IDENTITIES



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INTRODUCTION

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This zine invites you to consider the sexual health and well-being of Trans+ people while keeping in mind an intersectional approach. But before we start, let's define some concepts.

Minority stress is excess stress due to belonging to a minority social group. It can manifest through external events of discrimination or violence, negative expectations which may result in vigilance and internalizing prejudice which can lead to internalized homophobia and racism.

Minority stress can affect every aspect of people's lives, including their sexual health and well-being. **Sexual Health** is a state wherein people can enjoy and express their sexuality and to do so free from risk of Sexually Transmitted Infections (STI), unwanted pregnancy, coercion, violence and discrimination. **Sexual well-being** is a process of physical, emotional, mental and social well-being related to sexuality, not merely the absence of disease, dysfunction or infirmity.

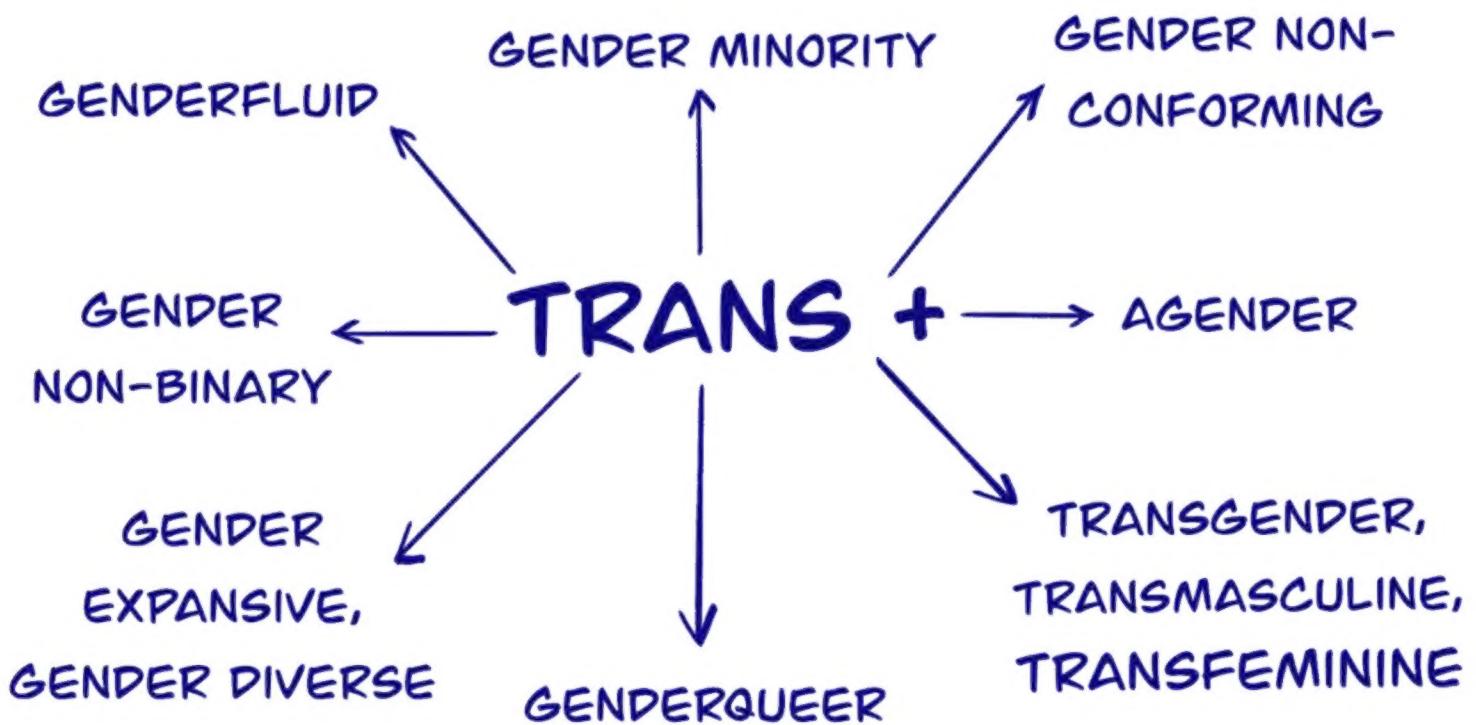
For minoritized people, minority stress can affect their sexual health and well-being through Intimate partner violence (IPV), withholding of sexual or gender expression, need for survival sex and higher risk of STI.

FRAMEWORKS

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A minority identity that can be targeted specifically are individuals that fall within the **Trans** + umbrella. This umbrella describes people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. The trans+ population have unique sexual health needs like hormone treatment, specialized reproductive education & needs, as well as reported affected areas of sexual health due to minority stress.

ONE MODEL OF THE TRANS + UMBRELLA



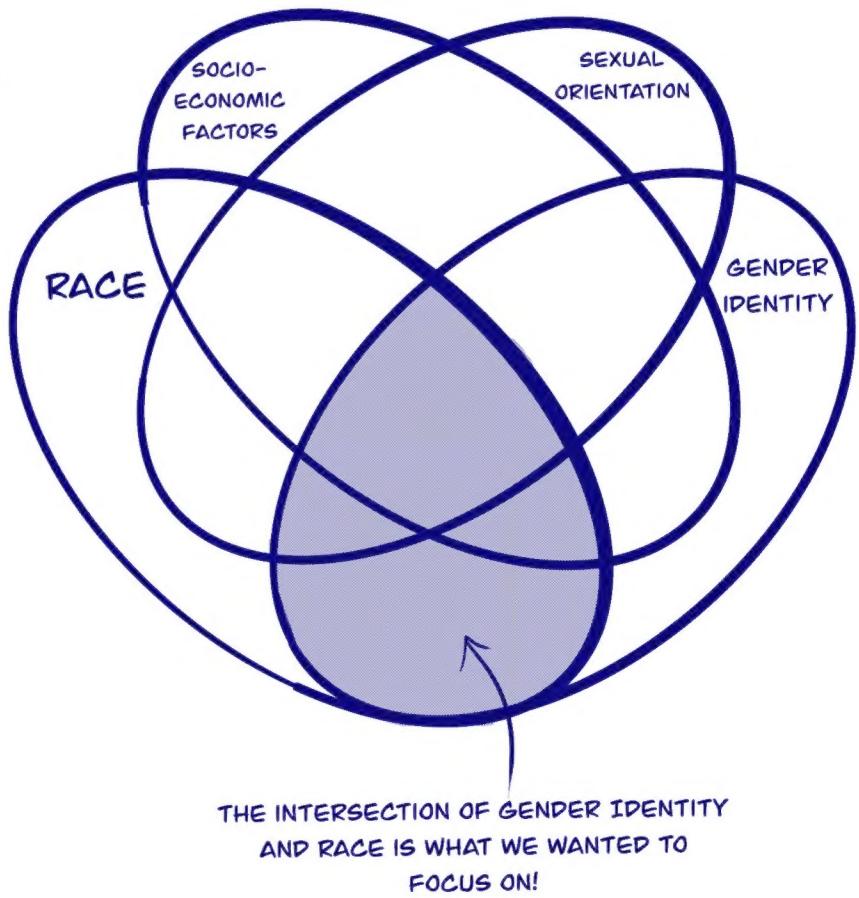
FRAMEWORKS

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We wanted to consider these questions with another minority identity kept in consideration. This is where intersectionality comes in. **Intersectionality** is an analytical framework coined by Kimberlé Crenshaw which aims to understand how a person's various social and political identities combine to create different modes of discrimination and privilege. She created this framework in 1989 to describes how interlocking systems of power affect those who are most marginalized in society, specifically towards the oppression of African American women. In this framework, for instance, discrimination against

black women cannot be explained as a simple combination of misogyny and racism, but as something more complex. Though we focused on the intersection of gender identity and race, we made efforts to ensure other factors, like sexual orientation and socio-economic factors were acknowledged.

ONE MODEL OF
INTERSECTIONALITY



FRAMEWORKS

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We wanted to understand what effect belonging to a racialized group has on the sexual health and well-being of trans+ individuals. Specifically, how the sexual health and well-being of Trans+ of color are different from the experiences of their cisgender and non-minorities counterparts. Our prediction was that BIPOC trans+ individuals would experience additional barriers to sexual health and well-being due to the additional minority stress caused by their intersectional identity. And, if some of the words you come across in the zine lead to confusion, there's a glossary waiting for you at the end.

In order to do find an answer to our question, we conducted a review of literature. We looked at peer-reviewed studies after 2013, in English and French, from North American researchers, which focused on trans+ people who were part of a racialized group. From there, we chose 12, that shone a light on BIPOC trans+ people, and their experiences.

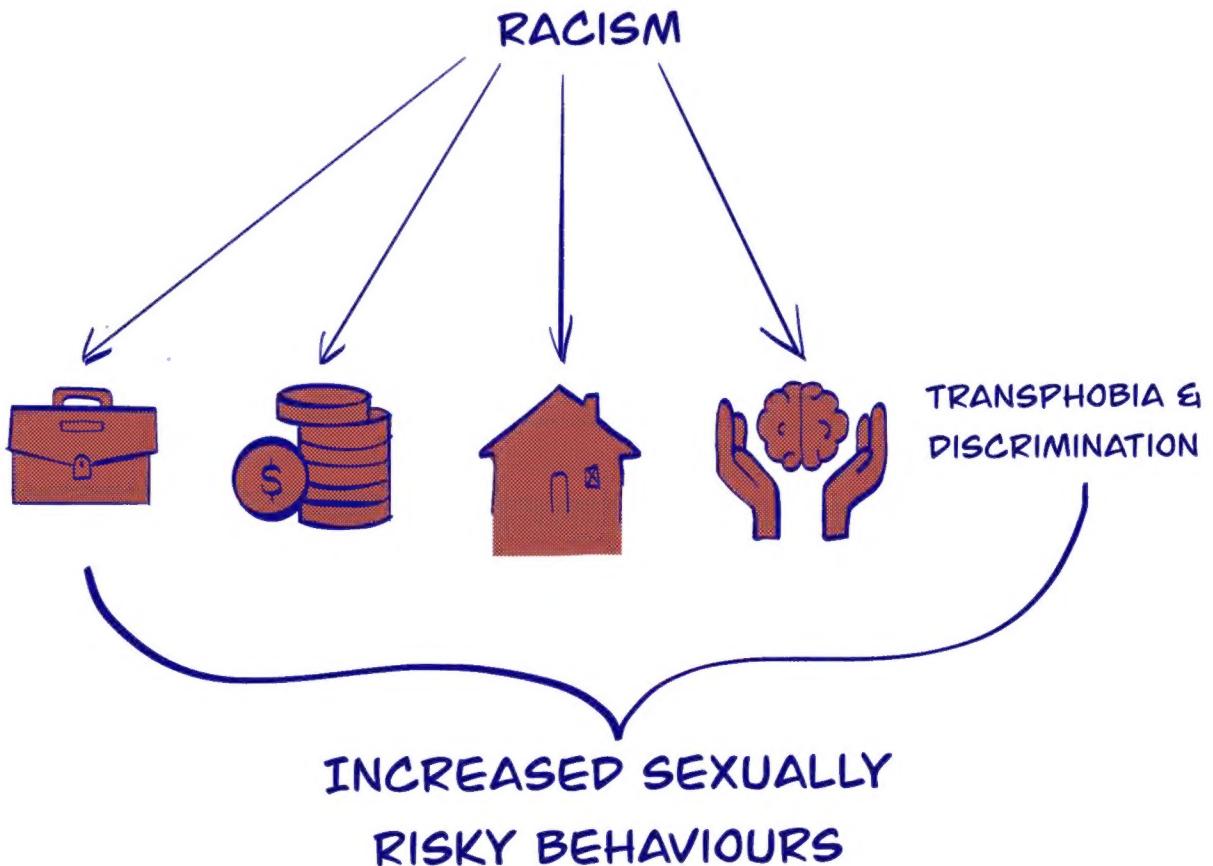
After reading those 12 studies, three main themes jumped out at us as ways we could measure effects on sexual health and well-being. Those themes were the prevalence of **Survival Sex and Other Sexually Risky Behaviors, Sexual Violence/Intimate Partner Violence and Barriers to Sexual Healthcare.**

SURVIVAL SEX AND OTHER SEXUALLY RISKY BEHAVIOURS

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Firstly, we found that the intersectional identities of BIPOC and Trans+ lead to people being significantly more likely to engage in sex work and sexually risky behaviors. This finding can be explained by the compounding effects of racism. A large portion of Trans+ people have long been forced to engage in sex work due to a complex mix of socioeconomic and cultural factors. We found that Black Trans+ individuals have the highest rate of unemployment at 55%, which makes them more vulnerable to survival sex, sex-work and homelessness. We found that BIPOC Trans+ individuals engaging in sex-work are more likely to experience depression, which is linked to unprotected sex, and therein linked with STI status.

SYSTEMIC



SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE

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Secondly, we found higher rates of sexual violence and intimate partner violence for BIPOC trans+ individuals than their white trans+ counterparts. We saw increased prevalence of intimate partner sexual violence in Trans Black women, that 46% of Indigenous women experience sexual violence and that the higher rates of sex work discussed earlier which can lead to dangerous situations. We also found that sexual violence is under-reported in Black populations due to secondary revictimization, lack of support when disclosing and stigmatization. When attempting to disclose, we found that 27% of black trans+ individuals have experienced physical and sexual assault from police officers.

BARRIERS TO SEXUAL HEALTHCARE.

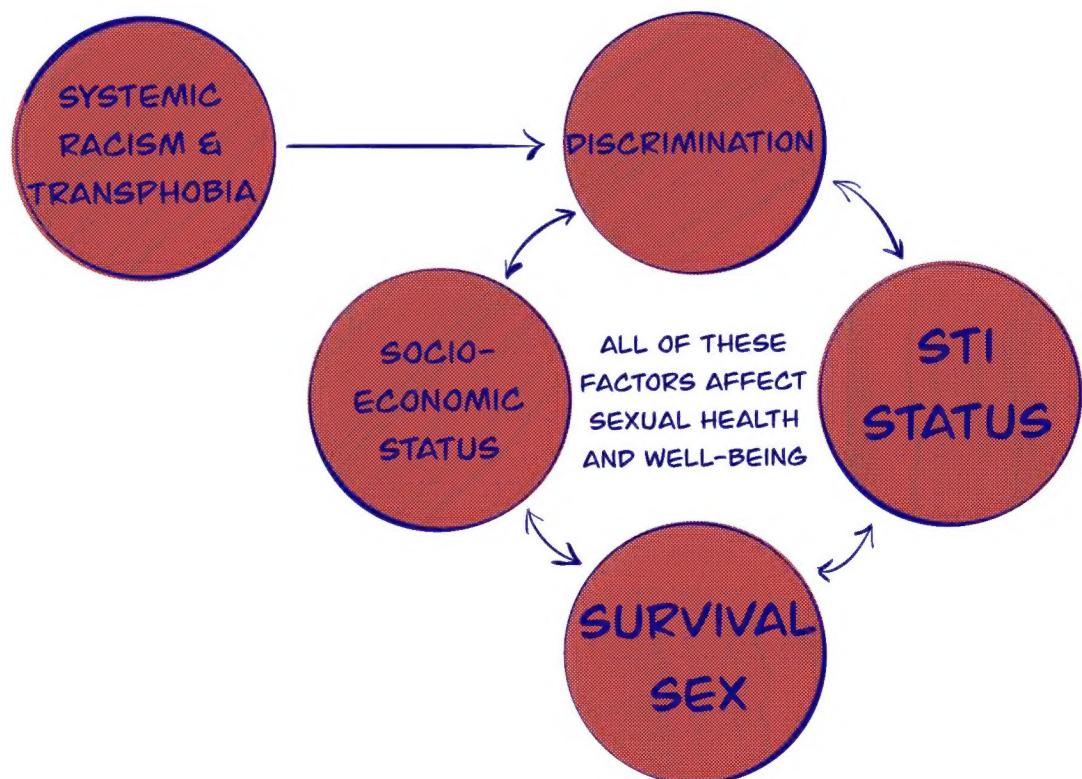
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Lastly, we found significant barriers to access to all forms of sexual healthcare for Trans+ individuals, with a lack of sexual and gender minorities (SGM) competency, refusal for care from providers, confidentiality concerns and anti-trans legislation. Additionally, to these barriers reported for all trans+ individuals, systemic and overt racism within the healthcare system further exacerbates this problem for BIPOC trans+ individuals. We found barriers came in the form of racism and discrimination from practitioners along with a general lack of cultural competency. These factors resulted in overall lower quality of care for BIPOC trans+ people, making it that they often cannot rely on sexual health care. As such, they can feel forced to turn to unregulated resources such as friends and online resources, which can result in adverse effects. Many Trans+ people report relying on the Internet and other non-reliable sources for health information and obtaining treatments from sources outside healthcare settings, as well as hormone therapy through less reputable sources.

INTERGENERATIONAL VICIOUS CYCLE

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I know I've just thrown a lot of information at you, but here's what all of that just meant. BIPOC Trans+ people suffer from significant compounding additive effects of systemic, institutional overt racism and transphobia. This marginalization leads to the beginning and continuation of an intergenerational vicious cycle. This cycle of socioeconomic vulnerability, discrimination, homelessness, survival sex and STI status, which perpetuates and worsens with each cycle. A good starting point to address some of these issues is large reforms in the healthcare system with a heavy emphasis on training and education for health practitioners. Sexual health and well-being are impossible without open and affordable access to healthcare. That access to healthcare is also central to breaking the vicious cycle that can overshadow the lives of trans+ people. This includes providing access to culturally competent healthcare providers, funding research that addresses the unique needs of this population and ensuring that sexual health education is inclusive and accessible to all.



CALL TO ACTION

We call upon healthcare providers, policymakers, community organizations, and allies to prioritize the sexual health and well-being of BIPOC trans people. BIPOC Trans+ people have long been invisible, and their voices systematically silenced. The erasure of the existence, history, and culture of BIPOC and trans+ people has long heightened the racism and transphobia they experience in all spheres of life. Now that they have come forward in the collective consciousness, BIPOC Trans+ people, particularly youth are facing harmful legislative bills to weaponize education and health care systems. These aim to deter young people from seeking gender-affirming health care. We stress that we must listen to the voices of BIPOC Trans+ people. We stress that more must do more to protect them, by creating and developing safeguards against discrimination based on sexual orientation and gender identity.

WE STAND IN SOLIDARITY WITH
THE TRANS COMMUNITY. LET'S
MAKE SURE THEY ARE NEVER
MADE TO BE INVISIBLE AGAIN.



GLOSSARY OF TERMS

BIPOC: An acronym that refers to "black, indigenous, and other people of color" and emphasizes the historic oppression of racialized minorities.

Cisgender: A gender identity which corresponds with sex registered at birth.

Intersectionality: An analytical framework coined by Kimberlé Crenshaw which aims to understand how a person's various social and political identities combine to create discrimination and privilege.

Minority stress: The excess stress that comes with belonging to a minority social group.

Trans +: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transphobia: A term referring to a collection of ideas and phenomena that include a range of negative attitudes, feelings, or actions towards transgender people.

Transgender: A gender identity which differs from the sex a person had or was identified as having at birth and a gender identity which is the opposite.